

Draft for Laird speech -----

Thank you Dr. Perkins -- Dr. Porterfield -- my colleague from Rhode Island -- Ladies and Gentlemen:

Really it's not terribly unusual that a Republican and Democrat are sharing a platform. This often happens -- it's not impossible for a Republican and a Democrat to agree -- just highly improbable. In fact, John, I think you and I agreed once before -- let's see, it was in 1957, wasn't it? Seriously, today we are here with a single purpose in mind.

It is a pleasure for me to be with you today at your meeting which celebrates the 60th anniversary of the voluntary fight against tuberculosis. You know -- our country -- this United States of America -- the best country in the world -- is really a very young country but a country filled with people who have tremendous drive and purpose. Somehow, it's hard to believe that the National Tuberculosis Association, at an age less than today's average expected life span, is the oldest of our voluntary health associations. I congratulate you on your anniversary and on your past achievements, but let there not be too much resting upon laurels because I want to commend to you the future.

Dr. Porterfield's description of the Report of the Task Force, and particularly his comments as to the whys and wherefores of some of the recommendations, were especially interesting to me as I am sure they were to you. This insight is helpful. While I have read the Report and have attempted to make myself conversant with the recommendations included therein, it is of interest to know just how much thought and effort was necessary on the part of the Task Force. It is further substantiation of the validity of their recommendations.

Let me make one statement at the outset of my presentation. This is a statement with which I believe Mr. Fogarty will agree. I firmly believe that the health interests of the people of the United States transcends the political interest or any proprietary claim by any political party. I can assure you that our Subcommittee, which spends long hours, days, and even weeks in the consideration of the role of the Federal Government in this Nation's health program and progress, acts as five Americans doing our best to maintain and improve the health of all our people.

I also wish to state publicly that there is no man in the Congress who, in my opinion, has a greater concern for nor one who has been more diligent in his efforts to improve the health of our Nation than the gentleman with whom it is my privilege to share this podium today. Congressman Fogarty has given unstintingly of his time and his energies, sometimes I think to the detriment of his own health, in his capacity as Chairman of our Subcommittee. I can assure you that it is my pleasure to serve with him.

I'd like to speak just briefly about the total task that we have in our Subcommittee. It is not an easy one. It has great rewards, however. There are many activities which merit support -- many activities for which we would all like to do more. But -- try to remember, please, that there are many requests made of and there are many responsibilities of the Federal Government. It is my personal conviction that the Federal Government is a partner with States and with localities in what must be a partnership responsibility. I do not believe that every problem can be solved by the Federal Government, nor do I believe that the Federal Government should be looked to as the "solver" of every problem. I do believe, however, that there is a distinct and clear responsibility for the Federal Government to assume its share of this total responsibility, and it is to this trust that I attempt to be responsive.

This is the frame of reference within which I would like to speak. And specifically as it relates to that interest which brings us together here today. As our Committee over the past several years reviewed and studied the problem of tuberculosis and the efforts which were being made in its control and eradication, we were somewhat perplexed by the fact that this disease, one that has inflicted its ravages upon man for centuries, has succumbed partially to the advances of medical science but that as the problem had been reduced dramatically with the advent of surgical procedures and of drugs there came a leveling off of gain -- a plateauing of the problem. Just as this became increasingly apparent to our Committee so did it seem that some more drastic steps or a different organization of efforts or the further marshalling of all our resources appeared necessary to attack in a more effective fashion this very serious public health problem. Quite obviously, we are concerned with the humanitarian aspects of this disease -- that people still catch tuberculosis and some die because of it -- a disease which we have been lead to believe is unnecessary -- is a most compelling fact.

Because of these considerations, it was with pleasure that I joined with the Chairman a year ago in requesting the Surgeon General of the Public Health Service to appoint a group of experts from outside the Federal Government, persons knowledgeable about this disease and knowledgeable about the control efforts which are available, to make a comprehensive study and to recommend the course of action which would be effective in ridding this country of tuberculosis. It is my personal belief, and I think that this is substantiated by the action of our Committee in recommending an increase in appropriations for the ensuing fiscal year, that the Task Force has performed a real service to this Nation. The Task Force has blueprinted a course of action which is specific, which is orderly, and which calls upon the combined efforts of not only the Federal Government but of State and local governmental

agencies, by voluntary tuberculosis associations, yes -- by persons throughout the Nation who want to eliminate TB.

Although I think we all had a fairly comprehensive idea of the problem that tuberculosis poses, it was nonetheless very useful and illuminating to have the information brought into focus in the Task Force's description of the size and the distribution of this problem. I would like to highlight some of these especially pertinent facts.

The tuberculosis death rates have decreased dramatically in the last fifty years. There was a 76 percent drop between 1950 and 1961. The reduction in the rate of new active cases has not been as precipitous, but it amounted to a 30 percent reduction between 1955 and 1961. An increasing proportion of cases are found among persons 65 years of age and over. The total number of cases on health department tuberculosis registers in 1960 was six times greater than the annual number of newly reported active cases. 75 percent of the patients admitted to tuberculosis hospitals today have moderately or far advanced tuberculosis, and 1/3 are persons who have previously been hospitalized. 1/5 of the population of the continental United States produces almost 1/3 of the new tuberculosis cases.

Up until the 1940's and before the introduction of modern drug therapy, treatment for tuberculosis depended upon bed rest and localized surgical procedures, and there was an acute shortage of beds for the treatment of tuberculosis. Since the new drugs and more sophisticated surgical techniques have emerged upon the scene, there has been a resultant change and now there is a need for more adequate clinic and followup services for patients who leave the hospital and for those patients who do not require hospitalization.

In 1962 there were 53,315 newly reported active cases. To this must be added an additional 10,000 cases which relapsed. There are 110,000 known active cases on tuberculosis registers plus an estimated 250,000 inactive cases whose disease was active within the past five years and 250,000 contacts of newly reported cases -- a total of 610,000 persons at special risk. About 1/2 of the cases occurring in the U. S. in recent years have been in persons over 45 years of age, but approximately 20 percent of the cases reported in 1962 occurred in persons under 25 years of age. In 1953 the number of new active cases in the U. S. was 84,304. In 1962 this number was down to 53,315.

Among persons under 15 years of age, new active cases reported in 1953 totaled 5,244. But in 1962 the number of new active cases among persons under 15 years of age was up -- to 6,036. This is an increase of almost 800 cases in this age group. In fact, there was an increase of 23.5 percent for those 15 years and under from 1961 to 1962. When looking at the statistics for this particular age group, we find that in four of the five years between 1959 and 1962 there has been an increase in the number of new active cases reported. ~~Among the~~

Among the 53,315 new active cases reported in 1962 41,628 were male and only 11,687 female. This is the kind of discrimination that I am unalterably opposed to. Cases in males constitute 65 percent of all cases reported. The case rate among non-whites is more than 3 1/2 times that of whites. 3/4 of new active cases occur as a result of endogenous breakdown of infections. There is additional information available in the Task Force Report and from other sources.

In summary, one must be impressed by the fact that the new case rate has not continued to decrease at a pace which all experts believe that it should. And -- the cost which is exacted upon the people of this Nation by a disease which I am convinced is unnecessary is simply too great to be allowed to continue. Now, expenditures of money is something in which all

of us are interested, despite the fact that sometimes we Republicans are given credit for having a monopoly on that subject. And I consider myself a pretty good Republican or, as Dr. Perkins pointed out, I probably wouldn't be chairman of our party's platform committee when we meet in San Francisco a few weeks hence. Conservative views toward matters fiscal sometimes dictate the spending of money now to save more later, and I am convinced that this problem of tuberculosis falls precisely in that category. The projected savings that are outlined in the Task Force Report from hospitalization alone would indicate that more money will be saved for our taxpayers in a reduced annual cost for hospitalization in the tenth year alone than would be required of the Federal Government over the entire ten-year period. This is another argument which to me is extremely persuasive.

As to the recommendations which have been outlined by the Task Force, let me say at the outset that I am not an expert in medical affairs generally, to say nothing of the specialty of tuberculosis control. But it was the view of our Committee that this represented the recommendations of persons who do know their business, and, after weighing all of the factors that were involved, we accepted these objectives. I am encouraged by the fact that the National Tuberculosis Association, which provided testimony to our Committee by Doctors Shipman and Pfuetze, believe that this is a workable program and have seen fit to support the recommendations and the program outlined. I would like to be able to look forward to the continued interest of this Association in this matter and hope that your recommendations will be given to our Committee when opportune and advisable.

Although the simple presence of this Report and of these recommendations is, in my view, a signal step forward, I am sure that we all agree that it marks only the beginning -- not the end. It marks the beginning of ten years of hard

work. As in a military campaign, the mopping up activities are quite often the most arduous, the most difficult, and in some ways the most distasteful. It is many times more difficult to see any perceptible progress or to measure success, and this part of a program is often marked with frustrations and the feeling of futility. Nonetheless, we must all dedicate ourselves to the successful accomplishment of the program now before us. It will call for cooperative efforts by all who are interested in and all who are involved in tuberculosis control programs. It calls for the setting aside of provincial thinking. It calls for the elimination of biases. It calls for action and efforts of the highest caliber. We can afford no compromise with mediocrity.

It was just a year ago that I was privileged to address a meeting of the Wisconsin Anti-Tuberculosis Association to discuss with them some of the activities which are of equal concern to me as a Congressman representing a portion of the populace of that State and that Association's endeavors to "KO" TB, a most ambitious and unrelenting program to which that Association has committed itself. I told them at that time, and I say to you now, that I am proud that we in Wisconsin do not fear to step forward boldly and that the goal toward which we have set out is worthy of all of our best efforts. I believe that similarly the goal outlined in these Task Force recommendations is worthy of the best efforts of all of us in the United States.

It was at that same meeting one year ago that a gentleman who I am proud to claim as a constituent of my own Congressional district -- a man who has been active in tuberculosis association work for some time and who I am proud to learn is now a member of the Board of Directors of the NTA -- also addressed the Wisconsin Association's Board of Directors and local association delegates. His presentation was, in my opinion, a scholarly treatment of the problems which are faced by the Association in my State. His serious and

challenging call to action was only slightly masked by the subtly facetious title of his paper, "Let's Get the Bugs Out". I'd like to borrow from his presentation. It's time to get TB bugs out of the United States!

We are involved in a long but dramatic race. The gun has sounded, signaling not the start of a race but that final lap requiring our greatest effort. We cannot do less than our best. Thank you.